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**DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare:

THAT my residence, post office address and citizenship are as stated below next to my name.

THAT I believe I am the original, first and sole (if only one name is listed below) or an original, first and joint inventor (if plural inventors are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND SYSTEM FOR FUNDRAISING INCLUDING IMAGE TRANSFER SERVICES, the specification of which:

☐ is attached hereto.

OR

☒ was filed on May 21, 2001 as United States Application Number 09/863,792 or PCT International Application Number \_\_\_\_\_, and was amended on \_\_\_\_\_ (if applicable).

THAT the subject matter of the

☐ attached amendment

OR

☐ amendment filed on \_\_\_\_\_

was part of my or our invention and was invented before the filing date of the original application, above identified for such invention.

THAT I do not know and do not believe that this invention was ever known or used in the United States of America before my or our invention or discovery thereof, or patented or described in any printed publication in any country before my or our invention or discovery thereof, for more than one year prior to this application.

THAT the invention was not in public use or on sale in the United States of America for more than one year prior to this application.

THAT this invention has not been patented or made the subject of an inventor's certificate issued before the date of the application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months before this application.

THAT I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

THAT I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

THAT no application(s) for patent or inventor's certificate on this invention or discovery has been filed by me or my legal representatives or assigns in a country foreign to the United States of America more than 12 months prior hereto, unless identified here: \_\_\_\_\_.

THAT I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Claimed?		Certified Copy Attached?	
			YES	NO	YES	NO

THAT I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)

THAT I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (If applicable)

And as a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith and with the resulting patent, individually and collectively:

Squire, Sanders & Dempsey L.L.P.  
Two Renaissance Square  
40 North Central Avenue, Suite 2700  
Phoenix, Arizona 85004-4498

telephone number (602) 528-4000 (to whom all communications regarding the subject application are to be directed); and each practitioner thereof named below with Registration Numbers, and of the same address:

Michael A. Lechter	Reg. No. 27, 350
David B. Abel	Reg. No. 32,394
Marc A. Sockol	Reg. No. 40,823

and further appoint as associate practitioners, with right of revocation in the primary practitioners, the following:

William R. Bachand	Reg. No. 34,980	David E. Rogers	Reg. No. 38,287
Lorinda J. Howland	Reg. No. 42,671	Cameron K. Kerrigan	Reg. No. 44,826
Dave B. Koo	Reg. No. 46,839	Stuart A. Whittington	Reg. No. 45,215
		Alexander B. Ching	Reg. No. 41,669

Please direct all correspondence to:

Squire, Sanders & Dempsey L.L.P.  
Two Renaissance Square  
40 North Central Avenue, Suite 2700  
Phoenix, Arizona 85004-4498

I hereby declare further that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1. Inventor's Signature 

Date 9-3-01

Inventor's Name (typed) Timothy L. Coyle

First	Middle	Family Name
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Citizenship United States

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(State/Foreign Country) \_\_\_\_\_

Post Office Address \_\_\_\_\_ (Zip Code) \_\_\_\_\_